Juvenile Justice Committee

Wednesday, October 19, 2005
10:00-11:30 AM
214C

Committee Meeting Notice

HOUSE OF REPRESENTATIVES

Speaker Allan G. Bense

Juvenile Justice Committee

Start Date and Time:	Wednesday, October 19, 2005 10:00 am
End Date and Time:	Wednesday, October 19, 2005 11:30 am
Location:	214 Capitol
Duration:	1.50 hrs

Presentation on Report No. 05-46 entitled, "Qualifications, Screening, Salaries, and Training Affect Quality and Turnover of Juvenile Justice Employees" by Office of Program Policy Analysis and Government Accountability staff

Presentation on "What Works: A Vision for Florida's Juvenile Justice System" by Steven Chapman, Ph.D., Department of Juvenile Justice Office of Research and Planning

Status report on the Redirections Project by Evidence-Based Associates staff

NOTICE FINALIZED on 10/06/2005 13:40 by MURPHY.NANCY

FLORIDA HOUSE OF REPRESENTATIVES
Allan G. Bense, Speaker

Juvenile Justice Committee

Faye B. Culp
Chair

Mitch Needelman
Vice Chair

Meeting Agenda
Wednesday, October 19, 2005
214 Capitol, 10:00 - 11:30 AM

I.   Opening remarks by Chair Culp

II.   Roll call

III.   Presentation on Report No. 05-46 entitled, "Qualifications, Screening, Salaries, and Training Affect Quality and Turnover of Juvenile Justice Employees" by Office of Program Policy Analysis and Government Accountability staff

IV.   Presentation on "What Works: A Vision for Florida's Juvenile Justice System" by Steven Chapman, Ph.D., Department of Juvenile Justice Office of Research and Planning

V.   Status report on the Redirections Project by Evidence-Based Associates staff

VI.   Closing comments / Meeting adjourned

JUVENILE JUSTICE
TAB INDEX

Tab 1

Juvenile Justice Staff

House Juvenile Justice Committee

October 19, 2005

Rashada Houston
Senior Legislative Analyst

Florida Legislature Office of Program Policy Analysis & Government Accountability

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Scope of Review

State and private provider staff

■ **Qualifications**

■ **Screening**

■ **Salaries**

■ **Training**

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Salaries

- **State employees earn more than employees of private providers**

Program	State		Private	
	Starting	Median	Starting	Median
Probation	$28,205	$28,205 [1]	$25,629	$27,168
Detention	23,265	25,510	NA	NA
Residential	22,571	22,762	17,160	18,663
Prevention	NA	NA	18,843	19,315

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Salaries

- **Not-For-Profit Programs Pay More Than For Profit Programs**

Provider	Median Salary
For Profit Programs	$17,906
Not-for-Profit Programs	19,881

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Salaries

- Per diem rates have not increased at the same rate as state salaries

- Salary increase since 1994

  - Was 36% state employees

  - Could have been 12% for private employees

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Salaries

- Employees with dependents could qualify for public assistance programs

Program	Eligibility	Single Income Household with Two Dependents[1]
Food Stamps	Low income individuals and families	$20,376
WIC	Pregnant or nursing mothers, and children under five-years-old	29,772
KidCare	Children living in homes where total income is 200% or less of federal poverty level	32,184

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Turnover

■ In our case study, the lower the salary, the higher the turnover

Program	Turnover Rate	Starting / Median Salary
Pensacola Boys Base	0	$22,571 / $28,019
Bowling Green	9%	18,720 / 18,720
Mandala	15%	18,720 / 20,051
Riverside	30%	16,120 / 18,720
South Pines	70%	17,992 / 18,720
Bristol Academy	96%	17,680 / 18,408
Hastings	105%	16,640 / 16,641

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Turnover

■ **Programs with the lowest turnover had supportive working environments; key aspects included:**

● **Hiring employees who relate to youth in positive ways**

● **Training staff to understand and reinforce treatment**

● **Fostering good working relationships among staff and resolving conflict**

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Training

- Since qualifications and salaries are minimal, training is critical

- State staff are certified, private staff are not

- State staff receive at least twice as many training hours as private staff

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Training

- State and private staff need more training in evidence-based treatment approaches and communication skills

- Staff and managers feel that PAR places too much emphasis on physical intervention and not enough on verbal and non-verbal skills

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Recommendations

- DJJ should survey providers to determine if they applied the 2005 per diem increase to staff salaries and determine if this reduced turnover

Recommendations

- DJJ should train staff to use evidence-based practices to recognize, model, and reinforce positive attitudes and behavior

- DJJ should strengthen verbal de-escalation training and assess the impact

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Recommendations

- DJJ and providers should take steps to reduce turnover by:

  - Hiring employees who relate to youth in positive ways

  - Training staff to understand and reinforce treatment

  - Fostering good working relationships among staff and resolving conflict

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Office of Program Policy Analysis & Government Accountability

Qualifications, Screening, Salaries, and Training Affect Quality and Turnover of Juvenile Justice Employees

at a glance

Florida's minimum educational requirements for juvenile justice staff parallel those of similar states, and the department is making the process of checking staff's criminal history more timely and thorough.

Salaries paid to direct care staff by most private providers are lower than those paid by the state (although salaries of private provider program directors are higher). Providers assert that this is due to limited increases in per diem rates over time.

Salary is one of several factors that contribute to staff turnover, which increases overtime, hiring, and training costs. However, programs can reduce turnover by selecting employees who relate to youth in positive ways; involving direct care staff in treatment; and fostering good relationships among staff.

Training requirements for state employees, who must become certified, are higher than those of private provider staff. A new workgroup will study the feasibility of certification for private provider staff. More staff training is needed on de-escalating potentially dangerous situations and modeling and helping youth learn pro-social skills and attitudes.

Scope

As directed by the Legislature, OPPAGA reviewed the qualifications, screening, salaries, and training of employees that provide care and custody of youth in Florida's juvenile justice system.[1] As Florida's juvenile justice system is highly privatized, we examined both state and private provider practices in these areas.

Background

The Department of Juvenile Justice (DJJ) is charged with protecting the public by reducing juvenile crime and delinquency. To do so, the department provides a continuum of programs including prevention, detention, probation, and residential commitment.

To achieve its mission, the department must hire and retain competent direct care employees that work directly with youth. This staff is responsible for ensuring that juveniles in the state's custody are free from harm and have the opportunity to develop the skills necessary to avoid recidivating when released back into their home communities.

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[1] This review is limited to direct care staff only. We did not examine the qualifications of other personnel such as medical, mental health, food service, and custodial employees.

In recent years, the department has faced numerous incidents of staff abuse, mistreatment, and inadequate care of youth in detention and residential commitment programs; these incidents have resulted in injury and even negligent death. This has raised legislative concerns with the qualifications and training of program staff.

To examine the minimum qualifications, screening, salaries, and training of direct care staff, we examined department policies and procedures and visited prevention, detention, probation, and residential programs throughout the state. (See Appendix A.) We also conducted case studies of staffing issues at seven residential programs with staff turnover ranging from 0 (none) to 105%. Turnover is a critical factor linked to screening, salaries, and training.

Qualifications and Screening

Minimum qualifications for persons who work in residential delinquency programs are established in law. Florida statutes require that all employees who work in a correctional capacity be at least 19-years-old, have a high school diploma or its equivalent, and not have been convicted of specified misdemeanors or felonies. [2]

Florida's staff educational requirements are similar to those of other states

As a correctional agency, the department requires staff to have a high school diploma (or equivalent). Direct care employees in prevention, detention, or residential programs are not required to meet additional educational requirements. However, the department does require staff of certain programs to hold bachelor's degrees, such as employees working in probation. The department requires higher standards for these employees because they work out in the community away from direct supervision much of the time and require the skills to represent the department in court and write numerous reports and the analytical ability to make independent judgment calls.

Private providers, who operate most of the department's delinquency programs, generally have adopted the minimum state educational requirements.

Florida's minimum educational requirements parallel those of other states that are similar in size or are located in the southeast. New York, California, Texas, and Georgia, Alabama, Mississippi, and South Carolina also require high school diplomas or their equivalent. Louisiana, however, requires all direct care staff to have bachelor's degrees.

National accreditation standards do not address minimum educational requirements for juvenile justice staff, requiring instead that staff be adequate to provide program services.

The background screening process is being enhanced

The department requires background screening for all state and private direct care employees to ensure that they have not been convicted of specified misdemeanors or felonies. [3] The department takes several steps to ensure that staff meets these requirements and is implementing new procedures to reduce the time required for criminal history checks, quickly identify personnel who commit crimes while employed, and stop the churning of undesirable staff from one provider to the next.

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[2] The statutes, ss. 943.13(4) and 985.406(3), *F.S.*, also require that individuals not have received a dishonorable discharge from any of the Armed Forces of the United States and that they abide by all of the provisions of s. 985.01(2), *F.S.*, regarding fingerprinting and background investigations.

[3] Disqualifying crimes include murder, domestic battery, sexual battery, aggravated assault/battery, felony drug charges, lewd and lascivious behavior, felony theft and robbery, and vehicular homicide.

Current screening process is time-consuming. The department's current background screening process, which is used for both its own employees and those hired by private providers, consists of three phases. First is a preliminary screening that involves a driver's license check, a juvenile criminal history check, a state criminal history check, and for state employees, a national criminal history check. [4] Applicants who pass this step are permitted to begin working while they undergo a second screening, which must be initiated by the employer within five days of employment. This second step consists of a fingerprint matching check by the Florida Department of Law Enforcement (FDLE) against state and national criminal databases. This check currently can take several months to complete. If the check discloses criminal offenses that statutorily disqualify the employee from working with juvenile justice youth, he or she must be immediately terminated from the position. [5] Third, as a condition of continued employment, all employees undergo a re-screening background check every five years and are required to inform their employers if they are arrested for any disqualifying offenses while employed.

The lengthy wait for the criminal background check to be completed is problematic. It creates a safety issue when a statutorily disqualified offender is on site with youth and staff until his or her criminal history is discovered during the second background check. During the past year, the department reports that 498 applicants have been dismissed due to information uncovered by the second screening. The wait for FDLE results is also costly because the program must begin training the new employee during this time to comply with department safety requirements. Hiring

and training employees that must subsequently be terminated after their criminal history is known is expensive and time-consuming.

To expedite the process, the department is implementing live scan. To shorten the time required for the second criminal background screening, the department plans to fully implement live scan technology in fall 2005. Live scan transmits fingerprint information to FDLE electronically, which expedites the entire process. State and national criminal record search results will be made available within three working days, instead of the current three to six-month turnaround. This new technology will provide the department criminal history obtained through both phases of screening within the time that it currently takes to finalize the first step, thereby eliminating the possibility of employees coming into direct contact with youth before they are fully approved to do so. Once the new process is implemented, the department will no longer permit an employee to begin working in a program before his or her criminal history has been determined.

2005 Legislature required continuous record checks. The Legislature passed Ch. 2005-263, *Laws of Florida*, to enhance the process for re-screening current employees. The law requires FDLE to run an ongoing check of arrest data as it comes in against a list of department and provider employees. The department, and subsequently the provider, will be immediately notified of any employee arrest. FDLE anticipates that the new system will be in operation in December 2005.

Employee verification system. The department and providers also are implementing an employee verification system to address concerns about undesirable employees moving from program to program. This has been a problem in the past, when persons who were fired or forced to leave one program sometimes were hired at another program after they failed to list previous jobs on their employment application or misrepresented the circumstances

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[4] As a criminal justice agency, DJJ has the authority to conduct national criminal checks on all persons applying to work at its facilities during the preliminary screening.

[5] The department has an exemption process for persons who wish to present a case that they should be hired despite a criminal background. Of the 48 persons who applied for exemption from May 2004 to May 2005, 12 were granted.

under which they left. To help ensure that programs have knowledge of prior employment, employers will be required to input into a database the name and partial social security number of all employees and their dates of employment and separation. When an employee leaves a program, the provider must complete a one-page form summarizing why the employee left and place it in the employee's personnel file. According to the department, this new system will help potential employers within the juvenile justice system obtain the data needed to make an informed decision about whether or not to hire an applicant. Employers using this system will be less likely to unwittingly hire employees who were fired or resigned in lieu of termination from other juvenile justice providers. The department expects the system to be operational in fall 2005.

Salaries and Turnover —

We compared the starting and median salaries among types of programs, between state and private providers, and with eligibility levels for public assistance programs.[6] We also reviewed salary increases over time and examined the effect of salary and the work environment on staff turnover.

Department staff salaries are generally higher than those paid by private providers

State direct care workers generally earn more than private direct care workers. Salaries vary among program types, as shown in Exhibit 1. Probation and detention employees are the highest paid and are state-employed, with the exception of a small number of employees providing specialized probation services. Juvenile probation officers have the highest starting and median salaries because they are required to have a bachelor's degree, whereas other employees are required only to have a

high school diploma. State detention officers earn higher salaries than state residential staff because the Legislature appropriated a raise for detention staff only in 2000 when detention turnover became critical.

Exhibit 1
Probation Employees Earn Higher Salaries Than Staff of Other Types of Programs

Program	State		Private	
	Starting	Median	Starting	Median
Probation	$28,205	$28,205 [1]	$25,629	$27,168
Detention	23,265	25,510	NA	NA
Residential	22,571	22,762	17,160	18,663
Prevention	NA	NA	18,843	19,315

[1] Starting and median salaries are the same for state probation staff due to turnover and salary compression.

Source: OPPAGA analysis of workforce survey of private providers conducted by the Florida Juvenile Justice Association in January 2005 and state data provided by Department of Juvenile Justice.

Prevention programs are completely privatized while detention and probation programs are primarily state-operated. Therefore, our analysis of salaries and turnover focused on residential programs because they provide the best basis for comparing state and private provider salaries. Approximately half of all direct care staff work in residential programs.

State residential direct care employees in Florida start at higher salaries than those offered by private providers, as shown in Exhibit 1. While there is a substantial range in starting salaries paid by private providers, all programs we examined had lower starting salaries than the state's starting salary of $22,571. The starting annual salaries for private residential direct care employees ranged from $14,539 to $21,008, with a median of $17,160.

The state's starting salaries appear to be on par with those of most other southeastern states, as shown in Exhibit 2.

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[6] The median represents the midpoint of all salaries; half were higher, and half were lower.

Exhibit 2
Department Residential Direct Care Starting Salaries Are Comparable to Those of Other Southeastern States

State	Starting Salary
Georgia	$23,614
North Carolina	23,037
South Carolina	21,468
Florida	20,850
Alabama	20,626
Texas	20,592
Louisiana	19,344
Mississippi	16,123

Source: OPPAGA research on other states.

The median salary for state residential program direct care staff is also considerably higher than that offered by private providers—$22,762 per year compared to $18,663 per year. In addition, there is a difference between median salaries paid by non-profit and for-profit private providers. As shown in Exhibit 3, the median salary paid by non-profit providers was almost $2,000 higher than the median salary paid by for-profit residential providers.

Exhibit 3
Non-Profit Programs Paid Direct Care Staff Higher Salaries Than for-Profit Programs

Provider	Median Salary
For Profit Programs	$17,906
Not-for-Profit Programs	19,881

Source: OPPAGA analysis of workforce survey of private providers conducted by the Florida Juvenile Justice Association in January 2005.

Our case studies of seven residential programs showed that while state direct care employees tend to earn more than private provider staff, this trend reversed itself when comparing the salaries of program directors. State directors (called superintendents) had a median salary of $45,137, while their private provider counterparts had a median salary of $58,984. [7]

Some private direct care employees may qualify for government assistance

As directed by the Legislature, we analyzed whether direct care employees qualify for public assistance programs including food stamps; Women, Infants, and Children (WIC); and KidCare. Based on starting and median salary levels, some direct care employees may qualify for these programs. As previously noted, the median salary for private residential direct care workers is $18,663. As data on the size of employees' families is not available, we researched eligibility for a single income household with two dependents. The eligibility requirements for public assistance programs vary, as shown in Exhibit 4. Based on the 2005 income requirements of these programs, a single income household at the starting or median salary of a private direct care employee with two dependents would qualify for food stamps, WIC, and KidCare.

Exhibit 4
Private Direct Care Employees with Dependents Could Qualify for Public Assistance Programs

Program	Eligibility	Single Income Household with Two Dependents[1]
Food Stamps	Low income individuals and families	$20,376
WIC	Pregnant or nursing mothers, and children under five-years-old	29,772
KidCare	Children living in homes where total income is 200% or less of federal poverty level	32,184

[1] The figure represents the maximum family income. The median salary for private residential direct care staff is $18,663.

Source: Department of Children and Families, Department of Health, and Florida KidCare.

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[7] This analysis compared data from all state residential programs, as provided by the department, with data from the private providers in our case study sample.

Per diem rates for private providers have not increased as fast as state salaries

Private providers assert that their salaries are relatively low due to the residential per diem rate the state pays for juvenile programs. Salaries constitute the biggest expense in most programs' operating budgets, which are tied to the per diem rate paid by the state.

Most per diem rates were established when the department was created in 1994. Since that time, the Legislature has funded four increases in per diem rates. In 2002 and 2003, a limited number of providers with the lowest rates received rate increases in order to address inequities in the rate structure. In 2004, the Legislature approved an overall per diem rate increase of $3.5 million. In 2005, the Legislature appropriated an additional $3.8 million to be distributed across private residential programs. The two across-the-board rate increases would have raised private direct care salaries by approximately 12% if used for that purpose; in comparison, since 1994 the Legislature has increased state salaries an average of approximately 2% per year, for a total increase of 27%.

The per diem increases were not specifically earmarked for salaries, and in our field visits we found that some providers had used the 2004 money to increase salaries while other providers had not.

Salary is one of several factors that contributes to staff turnover

According to managers and staff, salary is the biggest contributing factor to staff turnover, although the work environment is also crucial. Juvenile justice officials estimate annual residential direct care staff turnover to be about 55% statewide.

To examine how salary affects turnover, we reviewed seven residential programs located throughout the state. During the most recent contract year, these programs' turnover ranged from zero (no turnover) at Pensacola Boys Base to 105% at Hastings, as shown in Exhibit 5.

Exhibit 5
Turnover Rates Vary Among Programs

Program	Turnover Rate	Starting / Median Salary
Pensacola Boys Base	0	$22,571 / $28,019
Bowling Green	9%	18,720 / 18,720
Mandala	15%	18,720 / 20,051
Riverside	30%	16,120 / 18,720
South Pines	70%	17,992 / 18,720
Bristol Academy	96%	17,680 / 18,408
Hastings	105%	16,640 / 16,641

Source: Workforce survey, DJJ, and individual providers.

As shown above, turnover rates varied inversely with starting and median salaries, with the programs offering the lowest salaries generally experiencing the highest turnover. Most providers reported losing staff to better paying positions both inside and outside the field. For example, administrators in rural areas reported difficulty hiring and retaining good direct care staff, and noted that retail warehouses were paying higher entry salaries, as were nearby adult correctional facilities. A commonly reported pattern was that private provider employees left for better paying positions in department programs, while department staff left for better paying positions in adult correctional facilities. The starting salary for correctional officers at adult prisons is $28,808 and their median salary is $33,238, compared to the $22,571 and $22,762 starting and median salaries of state juvenile justice residential program staff. Correctional officers also earn special risk retirement. [8]

Turnover increases costs and can result in staff shortages, which can put youth and staff at risk and reduce program effectiveness. The largest costs of turnover are due to overtime and increased training. When vacancies occur, frequently with no notice, programs often must pay overtime to other staff in order to maintain required staffing ratios until replacements are hired and trained. Overtime can cause stress

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[8] Special risk retirement may occur after 25 years and the retirement rate is calculated at 3% of the officer's salary; regular retirement may occur after 30 years and is calculated at 1.6% of salary.

for employees remaining at the program and thus contribute to additional staff turnover. High turnover also drives up training costs, as new employees must be paid during 120 hours or more of training. Turnover also increases costs for recruitment, interviewing, and screening; for example, some programs employ a full-time recruiter because their turnover is so high. Finally, turnover can discourage providers from investing in additional training beyond the minimum required.

Managers can take steps to reduce turnover by improving work environment

Among the seven residential programs in our case study, those with the lowest turnover offered relatively high salaries and supportive working conditions. Key aspects of good working environments include selecting employees who relate to youth in positive ways; involving direct care staff in treatment; and fostering good relationships among staff.

Hiring employees who relate to youth in positive ways can improve the work environment and increase program effectiveness. Some program managers report using only the minimum education and criminal history requirements when hiring staff because they have so few qualified applicants or such high turnover; other program managers are more selective and attempt to hire applicants that have indicated an ability to relate to youth in positive ways. Managers of these programs believe hiring such staff improves program effectiveness and staff retention. These programs take steps such as asking applicants to describe how they have reacted to situations similar to typical occurrences in the programs or using videos that portray common situations and giving the applicants response options to allow the manager to assess whether applicants choose appropriate responses.

While many factors influence whether a delinquent youth re-offends, extensive national research shows that selecting employees based in part on their skills in relating to youth and training staff to model and reinforce positive relationship skills are significant factors in reducing recidivism. Careful selection of staff also can increase employee retention, as employees who are a better fit are more effective and derive more satisfaction from the job. Adding this dimension to employee selection can thus improve program quality and reduce turnover without increasing costs.

Training staff to understand and reinforce treatment also improves retention and program results. Two programs with the lowest turnover, Bowling Green Youth Academy and Pensacola Boys Base, provided meaningful responsibilities for direct care staff and structured their programs to conduct ongoing training that exceeds the department's requirements at minimal cost. In addition to making staff feel valued, this approach can contribute to the treatment of the youth in custody. At Pensacola Boys Base, all staff members conduct treatment groups and can receive training credit for attending each others' groups, and a library of training videos is available for staff to watch as their schedules permit. In addition to conducting treatment groups, each direct care employee is a project officer for a community service project. Direct care employees describe their responsibilities and sense of contribution to youth and the community as reasons for the positive work environment at the program. Bowling Green schedules four shift crews so that a rotating shift can cover the program during weekly staff training. The program is currently engaged in the "What Works" program to provide additional training in evidence-based cognitive behavioral treatment so that all direct care staff can contribute to the program's treatment objectives.

These steps to create a positive environment appear to aid in retention. Pensacola Boys Base is able to recruit employees from the detention center, where pay is higher, and Bowling Green had only 9% turnover for the most recent contract year, despite competition for staff from nearby prisons, mental hospitals, and other delinquency programs.

Fostering good working relationships among staff and resolving conflict can help improve staff retention. Direct care staff that we interviewed cited overtime, unreliable co-workers, interpersonal conflict among staff, and difficult youth as the greatest sources of frustration on the job. The three programs in our case studies with the lowest turnover took steps to address these problems through team-building and resolving conflicts among staff. Employees at Bowling Green and Mandala indicated that their managers were effective in counseling and quickly addressing and resolving conflicts among staff, while employees at Pensacola Boys Base reported that they use the skills taught to youth to resolve conflicts among themselves. Employees at Bowling Green also mentioned the program's team spirit and encouragement given by other staff members as reasons for the program's low turnover. Fostering these positive working relationships can thus improve employee retention at relatively little cost.

Training

Since qualifications and salaries for direct care staff generally are minimal, training is important to ensure that direct care workers have the skills necessary for the job. Training should provide the skills needed to maintain a safe and secure environment for youth who may be hostile and aggressive, as well as give staff the skills to model, recognize, and reinforce the positive behaviors the programs are designed to teach youth.

Training requirements differ for state and private provider direct care staff

Section 985.406, *Florida Statutes,* requires the department to develop training to "foster better staff morale and reduce mistreatment and aggressive and abusive behavior in delinquency programs; to positively impact the recidivism of children in the juvenile justice system; and to afford greater protection of the public through an improved level of services delivered by a professionally trained juvenile justice staff to children who are alleged to be or who have been found to be delinquent." The statute also requires the department to establish a certifiable program of training that meets the accreditation standards of the American Correctional Association, and includes a competency-based examination for all direct care staff employed by the state and contracted providers.

The department provides certified training for state detention, probation, and residential staff. However, these requirements have not been incorporated into its contracts with private providers, who must meet lower training standards. The department's rationale for not requiring private provider staff to become certified is that no additional funding was approved for certifiable training and providers would see this requirement as an unfunded mandate. The 2005 Legislature passed Ch. 2005-263, *Laws of Florida*, which creates a task force to study certification for professional employees of private juvenile justice providers.

Currently, training requirements for state employees are substantially higher than those required of private program staff, for both residential and non-residential programs, as shown in Exhibit 6.

Exhibit 6
Required Training Hours for State Direct Care Staff Are Double Those Required for Private Providers

	State	Private Provider
Residential	240 hours	120 hours
Non-Residential	295 hours	120 hours

Source: Department of Juvenile Justice.

Before being in the presence of youth, state and private direct care staff must complete 57 hours of initial training, including 40 hours of Protective Action Response (PAR) training. The balance of this required initial training focuses on CPR/First Aid, suicide prevention and emergency procedures, and "Red Flag" training, which deals with professional conduct and sexual boundary issues between staff and juveniles in the care and custody of the department. [9]

Beyond the initial 57 hours, training standards for state and private direct care staff differ, as shown in Exhibit 7. State employees receive considerably more on-the-job and treatment-related training.

Exhibit 7
State Staff Requirements Include More Hours for On-the-job Training and Appropriate Behavior

Training Area	Private Hours	State Hours
Initial safety and security training	57	57
On the job training - safety, security, admissions, releases, supervision of youth, transportation	20	40
Study, testing and graduation	0	37
Treatment-oriented training	4	28
Orientation	4	22
Professional and appropriate behavior	9	20
Admission and release of youth, supervision, report writing, transportation	4	18
Information about youth and services	12	18
Electives	10	0
Total Requirements	120	240

Source: OPPAGA analysis of department policies.

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[9] State probation officers in training and under the supervision of a certified probation officer may be in the presence of youth prior to completing these requirements.

Staff needs more training on program treatment models

According to research by the National Institute of Corrections and the Crime and Justice Institute, to help reduce recidivism, direct care employees need to recognize anti-social and pro-social attitudes and behavior in themselves and in youth and to model and reinforce pro-social attitudes, thinking and behavior. To do so, employees need training in effective treatment approaches and communication skills. Managers should monitor and reinforce direct care staff use of these skills to ensure program effectiveness.

Currently, neither state nor private direct care staff training requirements are in alignment with national recommendations from program effectiveness research. The only training requirement for private providers directly relating to changing youth behavior is four hours of training in behavior management. Staff of state programs receive 28 hours of required training in communication skills, behavior management, and restorative justice, but they are not trained to recognize anti-social behavior and attitudes, or how to reinforce effective delinquency treatment approaches.

The department should consider revisiting the allocation of hours among training topics. When direct care employees, who spend much more time with youth than therapists, are considered part of the treatment team and are trained to reinforce the pro-social thinking and skills that are taught to youth, the program can have a more intensive effect in reducing recidivism. Further, as discussed earlier, involving direct care staff in treatment can help decrease employee turnover.

Most residential commitment programs in Florida use cognitive behavioral approaches, which are evidence-based approaches to systematically teach youth pro-social ways to think about and respond to challenging interpersonal situations. In our field work, we found that few programs conducted initial or ongoing staff training on communication skills or treatment approaches, which was reflected in the negative behavior exhibited by untrained staff. Youth in many programs perceive that direct care workers do not practice the skills the program is attempting to teach the youth. A number of program staff and managers we interviewed expressed a need for more skill-oriented demonstrations, practice, and on-the-job training in how to deal with youth, and less lecture, theory, and computer training.

Employees that are not given adequate training to deal with hostile and aggressive youth may respond with inappropriate language and behavior, thus reinforcing youths' negative self-concepts and negative ways of dealing with other people. In our site visits, youth at a number of facilities indicated that they were routinely verbally abused, cursed, and humiliated by staff. For example, staff reportedly responded to poor behavior by saying, "that's why your parents don't come to visit," and "that's why you don't have a family."

The department has established a "What Works" pilot project to assist 10 residential programs in training their staff to implement evidence-based cognitive-behavioral treatment to reduce juvenile recidivism. This is a step in the right direction. However, the "What Works" trainer and program managers have expressed a need for more intensive training to provide staff skill development and practice in communication, de-escalation, and effective treatment approaches.

Managers express concern about PAR training

Most state and private program managers and direct care staff we interviewed felt that the training mandated by the department covers essential material and is appropriate. However, they expressed concern about the PAR portion of the training. PAR is intended to teach staff how to de-escalate potentially dangerous situations through verbal techniques and physical restraint if necessary. Staff and managers asserted that the way PAR is currently taught places too much emphasis on physical intervention and does not include enough practice on verbal and non-verbal skills to de-escalate potentially dangerous situations. As one probation officer said, "the most important part of PAR is the verbal de-escalation training, and it is the least effective part of the training." Employees that lack de-escalation skills may be quick to physically restrain or "take-down" youth, which can increase the risk of injury for staff and youth as well as liability for the provider and the state.

Some programs give additional training that emphasizes verbal de-escalation skills, and have reduced the use of force in their programs. Department managers and training developers agreed that the verbal intervention portion of PAR needs strengthening, and indicate that this issue will be addressed by the certification task force. Training in effective verbal intervention skills for PAR is consistent with some of the skills needed to reinforce the program's treatment effects, and training for each should complement and reinforce the other. Implementing more effective verbal training for PAR could be accomplished without increasing training hours by prioritizing and reallocating training hours.

Recommendations ——

To help the Legislature assess funding needs,

- we recommend that the department survey providers to determine whether they used the $3.8 million increase in per diem rates appropriated by the 2005 Legislature for staff salaries or other purposes. The department survey should also determine if salary increases affected turnover. Employee turnover and staff shortages reduce program effectiveness and put youth and the state at risk.

To increase employee retention,

- we recommend that state and private program managers seek to hire staff who relate to youth in positive ways; provide employees with training in their programs' treatment model and include direct care staff as members of the treatment team; and foster good relationships among staff by helping mediate disputes.

To address training needs,

- we recommend that the department revise staff training requirements and curriculum to ensure that direct care staff is included in the training and implementation of their programs' treatment model and is regularly assessed on their use of these skills, consistent with evidence-based practice shown to reduce recidivism, and

- we also recommend that that the department strengthen the verbal de-escalation portion of PAR training. The department should assess the impact of this revised training on use of "take-downs" by provider staff.

Agency Response——

In accordance with the provisions of s. 11.51(6), *Florida Statutes*, a draft of our report was submitted to the Secretary of the Department of Juvenile Justice for review and response.

The Secretary's written response is reproduced in its entirety in Appendix B.

Appendix A

OPPAGA Site Visits

To collect information for this review, OPPAGA staff visited a range of programs throughout the juvenile justice continuum and across the state. At these programs we interviewed program managers and staff, held focus groups with youth, and obtained program documents. For our residential program case studies, we selected programs with varying amounts of staff turnover.

OPPAGA Visited 14 Juvenile Justice Programs

Name of Program	County
Prevention	
PACE Broward	Broward
PACE Leon	Leon
Detention	
Leon Detention Center	Leon
Miami-Dade Detention Center	Dade
Okaloosa Detention Center	Okaloosa
Probation / Day Treatment	
Circuit 18 Probation	Brevard, Seminole
Crosswinds Youth Services	Brevard
Tallahassee Marine Institute (AMI)	Leon
Residential	
Bowling Green and New Beginnings	Hardee
Bristol Youth Academy[1]	Liberty
Hastings	St. Johns
Mandala	Pasco
Pensacola Boys Base	Escambia
Riverside Academy	Hillsborough
South Pines Academy	Broward

[1] We conducted telephone interviews to gather information.

Appendix B

FLORIDA DEPARTMENT OF JUVENILE JUSTICE

Jeb Bush, Governor   Anthony J. Schembri, Secretary

September 2, 2005

Gary VanLandingham
OPPAGA Director
314 Claude Pepper Building
111 West Madison Street
Tallahassee, Florida 32399-1475

Dear Mr. VanLandingham:

Thank you for the opportunity to respond to your office's report of August 2005, Qualifications, Screening, Salaries, and Training Affect Quality and Turnover of Juvenile Justice Employees. Generally we concur with your recommendations and offer these responses.

Recommendation: To help the Legislature assess funding needs, we recommend that the department survey providers to determine whether they used the $3.8 million increase in per diem rates appropriated by the 2005 Legislature for staff salaries or other purposes. The department survey should also determine if the salary increases affect turnover. Employee turnover and staff shortages reduce program effectiveness and put youth and the state at risk.

Response:

We agree that a study needs to be conducted to determine whether providers used the $3.8 million increase in per diem rates appropriated by the 2005 Legislature for staff salaries or other purposes. We think that it may be more appropriate to have an independent entity such as OPPAGA, conduct such a survey of providers to get an unbiased response. To conduct such a study would require extensive staff time and resources, in which department staff that are skilled to conduct such a survey, is already overextended and committed to other projects. However, we are willing to partner with OPPAGA staff to conduct the study and provide whatever information is necessary to accurately account for how the funds were distributed.

In addition, as a part of the per diem increase amendment, the department is requiring a revised budget that reflects the use of the 2005 Legislative Appropriation. This information could prove useful in determining how the $3.8 million increase in per diem was used. We are requesting that OPPAGA staff partner with staff in the offices of Research and Planning and Residential Services to obtain all relevant information of all residential providers who may have been affected by this legislation.

Recommendation: To increase employee retention, we recommend that state and private program managers seek to hire staff who relate to youth in positive ways; provide employees with training in their programs' treatment model and include direct care staff as members of the treatment team; and foster good relationships among staff by helping mediate disputes.

2737 Centerview Drive • Tallahassee, Florida 32399-3100 • (850) 488-1850

The mission of the Department of Juvenile Justice is to protect the public by reducing juvenile crime and delinquency in Florida.

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Gary VanLandingham
September 2, 2005
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Response:

The department is currently developing a new training curriculum to include an aptitude test for prospective direct care applicants. A component of the test will be a "personality index" questionnaire that is widely recognized as a best practice and will assist in identifying behavioral traits that are conducive to and critical in our work environment. The department will continue its "What Works" pilot project in residential programs and will modify contract language to ensure direct care staff is trained in their programs' treatment model.

Recommendation: To address training needs, we recommend that the department revise staff training requirements and curriculum to ensure that direct care staff is included in the training and implementation of their programs' treatment model and is regularly assessed on their use of these skills consistent with evidence-based practice shown to reduce recidivism.

Response:

Residential Services currently list in its contracts several specific training requirements in conjunction with the department's training requirements. We will add a clause to the contract requiring providers to train all direct care and other applicable staff in the program's treatment model. Residential Monitors will monitor whether the training has occurred and assess staffs utilization of these skills.

Recommendation: We recommend that the department strengthen the verbal de-escalation portion of PAR training. The department should assess the impact of this revised training on use of "take-downs" by provider staff.

Response:

Under the department's current Protective Action Response (PAR) plan, the 20 hours of verbal intervention training make up 50 percent of the 40 hours of PAR training all newly hired recruits undergo at the hiring facility. As part of the Basic Academy training, that same new hire receives an additional 5 hours of PAR Refresher training with a heavy re-emphasis on verbal de-escalation skills.

Beginning January 1, 2006, the department plans to augment its existing PAR plan by expanding the 45-hour training base to include an additional 20 hours of intensive training that will be provided in the Basic Recruit Academy setting. In the more formal and controlled environment, the department takes proactive steps toward ensuring that verbal de-escalation skills and scenario-based training are mandatory and key components of the newly expanded PAR training program.

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Gary VanLandingham
September 2, 2005
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If additional information is needed, please contact Steve Meredith at 921-6331.

Respectfully,

/s/
Anthony J. Schembri
Secretary

cc: Deputy Secretary Steve Casey
        Assistant Secretary Charles Chervanik
        Acting Inspector General Steve Meredith
        Acting Assistant Secretary Daryl Olson
        Director Eber Brown
        Director Jane McElroy
        Director Ted Tollett
        Chief Louise Mondragon

The Florida Legislature

Office of Program Policy Analysis and Government Accountability
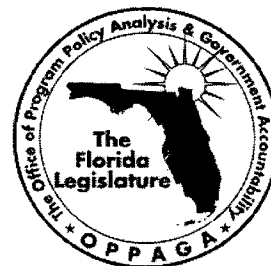
Visit the *Florida Monitor*, OPPAGA's online service. See www.oppaga.state.fl.us. This site monitors the performance and accountability of Florida government by making OPPAGA's four primary products available online.

- OPPAGA publications and contracted reviews, such as policy analyses and performance reviews, assess the efficiency and effectiveness of state policies and programs and recommend improvements for Florida government.

- Performance-based program budgeting (PB^2) reports and information offer a variety of tools. Program evaluation and justification reviews assess state programs operating under performance-based program budgeting. Also offered are performance measures information and our assessments of measures.

- Florida Government Accountability Report (FGAR) is an Internet encyclopedia of Florida state government. FGAR offers concise information about state programs, policy issues, and performance.

- Best Financial Management Practices Reviews of Florida school districts. In accordance with the *Sharpening the Pencil Act*, OPPAGA and the Auditor General jointly conduct reviews to determine if a school district is using best financial management practices to help school districts meet the challenge of educating their students in a cost-efficient manner.

Subscribe to OPPAGA's electronic newsletter, Florida Monitor Weekly, a free source for brief e-mail announcements of research reports, conferences, and other resources of interest for Florida's policy research and program evaluation community.

Tab 2

FLORIDA DEPARTMENT OF JUVENILE JUSTICE

What Works: A Vision for Florida's
Juvenile Justice System

A Statewide System for Continual Improvement of Programs
Based on Research and Evaluation

In 1974 an American criminologist reviewing evaluation studies of criminal rehabilitation efforts wrote: "The rehabilitative efforts that have been reported so far have had no appreciable effect on recidivism...Does nothing work?" This question raised a storm of debate in the corrections community. Since that time, new research techniques have resulted in the acceptance of a set of circumstances and characteristics (criminogenic risks and needs) that consistently have been shown to place youth at high risk of delinquent behavior. These same techniques have been applied to reveal specific treatment types that are effective at treating these risk factors and reducing juvenile crime. This body of research has given birth to the *What Works* movement in delinquency and the Florida Department of Juvenile Justice (DJJ) *What Works* Strategy.

Under the leadership of Governor Jeb Bush and Secretary Anthony J. Schembri, the Florida Department of Juvenile Justice seeks to fully implement this strategy to address delinquency in the state of Florida. The effort is called the *What Works* Initiative, taking its name from the body of applied research on risk factors associated with delinquency and on evidence-based treatment models and management practices that have been proven to be effective in reducing offending behavior.

The DJJ *What Works* Strategy is summed up in the following five principles:

- Risk Principle: Target higher risk offenders.

- Need Principle: Treat risk factors associated with offending behavior.

- Treatment Principle: Employ evidence-based treatment approaches.

- Responsivity Principle: Tailor treatments to meet special needs.

- Fidelity Principle: Monitor implementation quality and treatment fidelity.

The concepts of risk and need are essential to an understanding of this strategy. These factors have been catalogued in a number of reviews and meta-analytic research reports. They include circumstances and characteristics in a number of areas or domains that can be changed through treatment, including substance abuse, personality and behavior, attitudes, peer associations, the family and circumstances at school. Although the dynamics involved are not fully understood, research indicates that youth who enter the system with many of these factors are more at risk than those who present with few—the effects are additive. By focusing on these characteristics, youth may be differentiated into high- and low-risk individuals. The DJJ strategy is to target individuals according to their risk, and focus on risk factors that contribute to offending behavior, so that we may

match offenders to the proper type of treatment, tailor the intensity and duration of supervision and treatment resulting in a more efficient use of resources.

Use of evidence-based programming and avoidance of ineffective treatment can result in significant savings in tax dollars. Researchers for the State of Washington, for example, have found that evidence-based treatments such as Functional Family Therapy, Multi-Systemic Therapy, and Aggression Replacement Training result in returns of $2 to $12 in benefits and avoidance of the costs associated with future crime for every $1 spent.[1] In addition, termination of treatments that have been shown to be ineffective result in further savings, since some fail to generate more benefits than costs, or ironically generate more costs because they result in higher rates of re-offending.

The term "evidence-based" is used in the third principle to distinguish between programs that someone believes or claims "might work" or "ought to work" at reducing recidivism from programs that have been shown to be effective using research methods generally recognized as valid for assessing program effects. Several current reviews and meta-analytical research reports catalogue evidence-based programs, and explain the term more fully. The Washington State Institute for Public Policy states that to be considered "evidence-based," a program must "have scientific evidence from at least one rigorous evaluation that measures . . . outcomes, and that it be a program capable of application or replication in the 'real world.'"[1] The Surgeon General's report on youth violence[2] sets out four standards of evaluation for programs to be considered effective:

1. Rigorous experimental design (experimental or quasi-experimental).

2. Significant deterrent effects on:

    • Violence or serious delinquency.

    • Any risk factor with a large effect.

3. Replication with demonstrated effects.

4. Sustainability of effects.

These four standards form a yardstick for determination of whether a treatment or practice should be considered evidence-based. Specific lists of evidence-based programs already exist, and those that apply the highest methodological standards should be used as sources for programming suggestions.[3] The term "evidence-based" also implies that programs or tactics that have been shown to be ineffective or harmful using the same standards for research are to be avoided.

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[1] Aos, S., Lieb, R, Mayfield, J., Miller, M., and Pennucci, A.. (2004). *Benefits and Costs of Prevention and Early Intervention Programs for Youth.* Olympia: Washington State Institute for Public Policy.
[2] U.S. Department of Health and Human Services. (2001). *Youth violence: A report of the Surgeon General.* Rockville, MD: U.S. Department of Health and Human Services.
[3] See, for example: http://www.colorado.edu/cspv/blueprints/index.html; http://www.surgeongeneral.gov/library/youthviolence/default.htm; and http://www.wsipp.wa.gov/.

The DJJ strategy also addresses responsivity issues: personality characteristics and other factors that constitute barriers to treatment such as a lack of motivation, anxiety, reading levels, etc. Finally, the fidelity principle is a strategy that seeks to maintain high-quality treatment and adherence to the original program design throughout implementation. Research has demonstrated that without quality implementation, returns on investment are not realized or negative returns may result.[4]

A Systems Approach

The Department provides a continuum of juvenile justice services in Florida. Its functions include prevention programming, intake and case management, detention, probation services, residential treatment and aftercare. These functions are carried out by corresponding branches within the Department. A case management system is the common thread that weaves the system together, and provides interfaces among the parts of the system. The *What Works* Initiative recognizes the Department as a *system*: A change in one part of the system will result in changes in the other parts. One of the goals of the Initiative is to ensure that new strategies are implemented in each branch in ways that take into account the inter-dependency of the various parts of the system, to achieve adaptive outcomes, and to avoid fragmentation of services. In practical terms, the result is that based on an initial assessment, the same delinquency risk and needs factors for a given youth are being addressed in each branch of the system. This systemic perspective is important during the planning stages of the Initiative, and will serve to guide the implementation phase as well.

The Strategy and *What Works* Initiative Priorities

Essential to the first strategy, *Target High-Risk Offenders*, is the assessment of risk, which is a function of the intake and case management system. The first priority of the *What Works* Initiative is therefore to design, pilot and put in place an assessment system, including a risk assessment instrument that is sensitive to the risk presented by the youth in terms of research-based factors. The assessment system must provide for the development of a comprehensive case management and treatment plan addressing specific risk factors from prevention to intake to aftercare. Although implementation of the risk/needs instrument falls within the intake functions of the Probation and Community Corrections branch of the Department, the case management system is a sub-system shared with the other branches of the Department and other parts of the Florida juvenile justice system. Therefore judges, state attorneys and court staff should understand how to apply the information it provides in their decision-making process. Prevention staff, detention officers, juvenile probation officers, commitment managers, case managers and treatment staff within programs, and aftercare workers all should understand the risk/needs assessment and how to use it to make decisions concerning the custody, care and treatment of delinquent youth. It is intended to be comprehensive, so that plans developed must be functionally adequate and usable for the other branches,

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[4] Barnoski, R. (2004). *Outcome Evaluation of Washington State's Research-Based Programs for Juvenile Offenders* (Document Number 04-01-1201). Olympia: Washington State Institute for Public Policy.

especially probation practice and community-based or residential treatment. This applies to every youth that comes into contact with the system so the Department can match the right services to the right youth. This is essentially the foundation for the application of the second strategy.

The second strategy, *Treat Risk Factors Associated with Offending Behavior*, means that although youth who come to the juvenile justice system with multiple problems, case management and treatment will focus primarily upon those risk factors shown by research to be associated with the risk for continuing offending behavior. Some of these risk factors are historical and static, or cannot be changed by treatment, such as prior offense history or age at first offense. Others, such as antisocial peer networks, poor family relationships or substance abuse, can be improved by treatment and are referred to as criminogenic needs. It should be noted that certain other conditions, such as low self-esteem or depression, have not been associated with continuing offending behavior, and therefore are treated only when they interfere with treatment of criminogenic needs. A second priority of the *What Works* Initiative is therefore to provide training with regard to these risk factors and their relation to delinquent behavior and treatment for all DJJ and DJJ contracted provider staff who work in a case management or treatment capacity. Such training will enhance the system's ability to recognize, assess and treat the core factors underlying delinquent behavior. It will also serve to assure that the understanding guiding the strategy, and the strategy itself cross system boundaries within the Department.

Determining risk and focusing on criminogenic needs leads to the third *What Works* strategy: *Employ Evidence-Based Treatment Approaches*. A third priority of the *What Works* Initiative is to develop protocols or action plans for introducing these concepts along with evidence-based treatment and practices to appropriate staff first through pilot projects in Prevention, Detention, Probation and Community Corrections and Residential Services and then statewide. Among the groups of treatment that are recognized as effective are three that are currently being piloted within the What Works Initiative:

- Behavioral Treatments.

- Family-Centered Treatments.

- Modeling and Mentoring Treatments.

This priority--to develop action plans and to implement pilot projects--has already begun to take form through the *What Works* Initiative Residential Pilot Project. A group of participants from the branches of the Department has been assembled to develop plans and preliminary steps toward implementation of a pilot/demonstration project integrating evidence-based treatment and practices at selected residential treatment sites.

These pilot sites will implement evidence-based treatments from among the three major groups. Behavioral treatments, such as Cognitive-Behavioral Therapy and Aggression Replacement Training, are currently being piloted in ten residential facilities involved with the *What Works* Initiative Residential Pilot Project, and in some day treatment

programs. Family-centered treatments include such programs as Functional Family Therapy, Multi-Systemic Therapy and the Strengthening Families Program. All three of these have been piloted in the Re-Direction project and other Florida programs. Modeling and mentoring is an important aspect of the Faith- and Community-Based Delinquency Treatment Initiative, which currently has five pilot sites in the state. These pilots will be closely monitored and evaluated, and the Department is seeking to extend the project statewide in stages.

A fourth, related strategy must also be considered a part of this priority in developing an approach to these issues: *Tailor Treatments to Meet Special Needs*. Some characteristics and needs, although not criminogenic themselves, pose roadblocks to effective intervention. These needs must be addressed or treatment of criminogenic needs cannot go forward. The Department already has a wide variety of treatment programs, both community-based and residential, that address substance abuse, mental health, developmental disabilities and gender-specific needs of delinquent youth. Important projects related to the implications of Post-Traumatic Stress Disorder for working with girls, and matching styles of supervision to the characteristics of individuals on probation or aftercare are based on the Responsivity principle. Creative ways such as these that accommodate special needs to make evidence-based programming more effective are needed. A related goal of the *What Works* Initiative is to work with other Florida agencies to identify evidence-based treatments in the areas of mental health and substance abuse. The Department is in conversation with researchers from the Columbia University CASA program concerning a possible pilot program targeting the coordination of services to efficiently and effectively deal with mental health and substance abuse problems in the community, before youth come to the attention of the delinquency system.

The Initiative and the pilot projects will also involve implementation of the fifth strategy: *Monitor Implementation Quality and Treatment Fidelity*. This priority of the Initiative is to build into planning and implementation some means to monitor the quality of the changes, and adherence to the standards of program design and delivery (treatment fidelity). At least two evidence-based programs, Multi-Systemic Therapy (MST) and the cognitive-behavioral curriculum by National Institute of Corrections (NIC) *Thinking for a Change*, have built into their programs a means to monitor treatment fidelity. The *What Works* Initiative is implementing an innovative 'Training Coach' practice as a means of monitoring and providing technical assistance.

The *What Works* Initiative will explore and pilot test means by which other evidence-based treatments can incorporate ways to provide managers of programs with the ability to monitor the quality of service delivery and adherence to program design. A critical element of this effort is to develop a cadre of specialists with expertise in the content of evidence-based practices and in the process of organizational change to work with managers at the program and policy levels of the Department. Together with the means of program monitoring and evaluation that are already in place, the *What Works* Initiative will develop a quality improvement loop of needs assessment, design and implementation, monitoring and evaluation, and feedback to management for periodic program adjustment for better outcomes.

The *What Works* Initiative is intended to be research-based and data driven. It represents a new vision for a systematic effort toward more effective and efficient treatment of delinquency, which will result in a safer Florida, lower recidivism rates, and real help for delinquent and at-risk youth and their families.

Eight Domains of Risk Factors for Offending

1. Antisocial Attitudes
2. Antisocial Associates
3. History of Antisocial Behavior
4. Antisocial Personality Patterns

5. Problem Family Circumstances
6. Education, Employment Problems
7. Leisure, Recreation Problems
8. Substance Abuse

Delinquency History

- Age at first offense
- Number of prior adjudications
- Prior probation or residential commitment
- Number of prior felony charges

Family Factors

- Inadequate supervision
- Poor relationships with Mother, Father
- Inappropriate discipline

- Inconsistent parenting
- Difficulty in controlling youth's behavior

Education and Employment

- Disruptive classroom behavior
- Disruptive behavior on school property
- Low achievement
- Poor relationships with peers; teachers

- Truancy
- Unemployment; not seeking employment

Peer Relations

- Some delinquent acquaintances
- Some delinquent friends

- No or few pro-social acquaintances
- No or few pro-social friends

Substance Abuse

- Occasional drug use
- Chronic drug use
- Chronic alcohol use

- Substance abuse interferes with life
- Substance use linked to offenses

Leisure and Recreation

- Limited organized activities
- Could make better use of free time
- No personal interests

Personality and Behavior

- Inflated self-esteem
- Physically aggression
- Tantrums
- Poor self-management skills

- Short attention span
- Poor frustration tolerance
- Inadequate guilt feelings
- Verbal aggression, impudence

Attitudes and Orientation

- Antisocial or pro-criminal beliefs, values, attitudes
- Not seeking help
- Actively rejecting help

- Defiance of authority
- Callous, little concern for others

Responsivity and Removing Roadblocks to Treatment

Identification of offender or environmental characteristics that block engagement in treatment

Delivering intervention programs in a style and manner that is consistent with the ability and learning style of the offender

Recognizing that offenders may be more responsive to certain staff members

Responsivity: Individual

- Intelligence
- Mental health or emotional disorders
- Treatment readiness or motivation
- Hostility, anger

- Inappropriate sexual activity
- History of abuse, neglect
- Physical Health
- Gender-Related, PTSD
- Others

Responsivity: Family

- Alcohol or drug abuse
- Mental health or emotional disorders
- Uncooperative parents

- Family criminality
- History of abuse or neglect
- Family trauma (death, illness, divorce)

Evidence-Based Treatments: What Works, and What Doesn't

Treatment groups and types of treatment shown to be effective:

Behavioral Treatments

- Cognitive Behavioral Models
- Rational Emotive Therapy
- Behavior Modification
- Aggression Replacement Training
- Problem Solving
- Self-Control Skills
- Cognitive Restructuring

Family-Focused Treatments

- Multi-systemic therapy
- Functional family therapy
- Home-Based Behavioral Systems Family Therapy

- Therapeutic Foster Homes
- Brief Strategic Family Therapy
- Multi-Dimensional Family Therapy
- Family Effectiveness Training

Social Learning Models

- Anti-criminal modeling
- Skills development

Specialized Treatments

- Sex Offender
- Mentally Disordered

Avoid ineffective models:

Targeting non-crime producing needs

Good relationship with offender as primary goal

Non-directive counseling

Increasing cohesiveness of delinquent groups

Vague unstructured rehabilitation programs

Punishing smarter

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What Works

A Vision for Florida's Juvenile Justice System

Improvement Based on Scientific Research

New Tools Focus on Factors that Lead to Program Success

In its efforts to change the lives of juveniles, DJJ has adopted a new strategic focus and is turning to program models, treatments and management tools that have been demonstrated by research to be effective in reducing subsequent criminal activity.

The majority of juvenile crime is committed by a small percentage of the delinquent population. Although these youth are on a negative trajectory, they are still in a formative period of their lives and are far from "hardened criminals." They can be reached and do respond to treatment—but to quality treatment that has been tested and proven effective in reducing subsequent offensive behavior.

DJJ is turning to research for solutions to incorporate in prevention, diversion, probation and residential treatment. The most widely recognized source for these programs and treatments is a body of research known as the *What Works* literature.

INSIDE

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What Works in Reducing Re-Offending Behavior?

40 Years of Research Points the Way Forward

After more than 40 years of studying correctional programs, experts in criminal justice are able to provide practitioners with the principles of effective interventions to guide the development and operation of juvenile justice programs.

Providing effective rehabilitation programs to youth already in Florida's juvenile justice system is a critical component of the mission of the Florida Department of Juvenile Justice. Decision-makers need to know whether they are purchasing what is needed to reduce juvenile crime, what is actually reaching youth in the "last mile," and whether these services are making a difference. Implementing a statewide system of continual program improvement based on the *What Works* principles would help answer these questions, and place Florida at the forefront of juvenile justice practice.

The DJJ *What Works* Strategy

The Department has developed the DJJ *What Works* Strategy to achieve the goal of reducing juvenile crime. The DJJ strategy is summed up in the following five principles:

- Target offenders who are most at risk;
- Treat needs associated with re-offending behavior;
- Employ evidence-based treatment approaches;
- Tailor programs in view of the responsivity of offenders (mental health, IQ, gender, etc.);
- Monitor implementation quality and treatment fidelity.

"Talk therapy," promoting self-esteem without changing criminal thought patterns, and "scared straight" programs are all examples of what caught the attention of juvenile justice professionals in the 1990's, but have not been proven effective in reducing juvenile crime.

DJJ is focusing its efforts to the incorporation of models and treatments that have a record of proven effectiveness. These are directly associated with reducing the risk of re-offending by addressing specific factors that predict recidivism.

Florida is currently pilot-testing a variety of these treatments in more than 20 residential and community-based programs. They include cognitive-behavior treatment designed to confront and change criminal thought processes, relapse prevention techniques that include rehearsal of positive behaviors in increasingly difficult situations, and family-based treatments designed to put parents back into the driver's seat in their teenagers' lives.

New Management Techniques

In addition to dropping ineffective treatments in favor of proven methods, DJJ is testing new management techniques that hold a yardstick up to programming in order to help providers assess and modify existing programs to make them more effective. The Correctional Program Assessment Inventory (CPAI) is being piloted as a measure of how well a program has incorporated *What Works* into their model for treatment. Technical assistance is then provided to help providers modify models, improve service delivery, help workers regain their sense of purpose and direction, and improve community support.

Measuring *What Works*

How well do existing programs implement *What Works* principles? The Correctional Program Assessment Inventory (CPAI) is an instrument that was developed to assess the degree to which a program conforms to the *What Works* principles. The CPAI allows a program to be assessed during a 2-3 day site visit. The results of the CPAI detail the specific strengths and weaknesses of a program in terms of the

---

DYNAMIC RISK FACTORS FOR RE-OFFENDING BEHAVIOR

Research indicates that the following factors are associated with continued offending behavior, and are appropriate targets for focused treatment:

Antisocial attitudes, values, beliefs

Antisocial peers and isolation from prosocial peers

Substance abuse

Anger/Hostility

Poor parental supervision

Poor self-management skills

Temperamental and personality factors including:
> Psychopathology
> Impulsivity
> Aggressive energy
> Egocentricism
> Below average IQ
> Weak problem-solving skills

---

principles of effective intervention. The CPAI has proven to correlate with recidivism rates, and thus can be used as a tool in the process of developing a statewide system for the continual improvement of programs based on research and evaluation.

The Department of Juvenile Justice has already taken advantage of the free CPAI training offered through the National Institute of Corrections to provide initial training for all program monitors. Recently, program monitors participated in conducting a CPAI assessment in a residential program.

Because of its unique annual recidivism study, Florida provides a rare opportunity to document the system-wide impact of implementing the What Works principles.

Individual perceptions of program effectiveness or stories of one or two successful youth should not be the basis for evaluating the impact of *What Works*. The success of *What Works* should instead be measured in terms of reductions in recidivism rates and the corresponding increase in public safety.

The objective of this initiative is to develop a process for implementing the *What Works* principles in Florida. ❖

CHARACTERISTICS OF SUCCESSFUL PROGRAMS

In addition to identifying major predictors of delinquent behavior, meta-analysis has been used to extract the results of many outcome studies so that the characteristics of the most effective programs can be identified. What we currently know from the research is that effective programs have certain characteristics.

SUCCESSFUL PROGRAMS:

- Employ treatment strategies that are based on sound research and theory;

- Use standardized assessment instruments to identify risk and need factors;

- Vary treatment intensity and duration based on the risks, needs, and responsivity of youth;

- Fully implement treatment strategies as they were designed;

- Employ interventions designed to disrupt the youth's criminal peer relationships;

- Have effective, involved and consistent leadership;

- Use educated, experienced and trained staff;

- Programs are evaluated on what they do; and

- Strive for program stability, and maintenance of sufficient resources and support.

EVIDENCE-BASED TREATMENTS

Research has shown a number of treatment models that are effective at reducing re-offending behavior, and are considered evidence-based. In addition to Cognitive-Behavioral models, Social Learning models that feature skills development and modeling of anti-criminal behavior have been shown to be effective. Family-based therapies, such as Multi-systemic Therapy and Functional Family Therapy, have produced consistently good results. Programs that focus on special needs offenders, such as sex offender programs and programs for youth with cognitive or mental disorders have also showed promise.❖

These principles are derived from the results of a statistical technique called meta-analysis, which allows the results of many individual studies to be integrated. Meta-analyses have been used both to identify individual risk factors associated with recidivism, as well as to determine the characteristics of the most effective delinquency treatment programs.

> *The* What Works *principles are built on the identification of the major predictors of delinquent behavior and characteristics of effective programs.*

Assessment of Risk Factors: Introducing The PACT

To design correctional interventions that will reduce recidivism it is necessary to identify the major predictors of delinquent and criminal behavior. A predictor or risk factor is the aspect of an offender's past or present circumstances and behavior that is predictive of future involvement in delinquent behavior. Hundreds of studies have investigated this question and major predictors have been identified.

It is well known that individual characteristics such as age and criminal history are predictors of recidivism. However, dynamic predictors—characteristics that can be changed—also predict recidivism.

> *Assessment of criminogenic risk factors and treatment directed toward changing these dynamic characteristics provides the best chance of reducing recidivism.*

Florida is implementing a new risk/needs assessment tool developed by Washington State that uses these factors to classify youth with regard to their risk of re-offending, and to identify targets for treatment. Known as the Positive Achievement Change Tool, or PACT, the instrument has been validated in other sites as highly predictive of future offending. Training in the use of the PACT includes an introduction to Motivational Interviewing and the Stages of Change framework, that help workers identify the readiness of the youth to engage in treatment. The PACT is the foundation of a comprehensive case management system, and the Department's implementation of the *What Works* Strategy.❖

The term "evidence-based" is used in the third strategy to distinguish between programs that someone believes or claims "might work" or "ought to work" at reducing recidivism, from those programs that have been shown to be effective. Not all research is the same quality, however. To be considered evidence-based, the research must conform to methods generally recognized as valid for assessing program effects. These methods include random assignment to treatment and control groups to control for threats to the validity of the study. Several current reviews and meta-analytical research reports catalogue evidence-based programs, and explain the term more fully. The Washington State Institute for Public Policy states that to be considered "evidence-based," a program must "have scientific evidence from at least one rigorous evaluation that measures . . . outcomes, and that it be a program capable of application or replication in the 'real world.'"[1] The Surgeon General's report on youth violence[1] sets out four standards of evaluation for programs to be considered effective:

1. Rigorous experimental design (experimental or quasi-experimental).

2. Significant deterrent effects on:

   o Violence or serious delinquency.

   o Any risk factor with a large effect.

3. Replication with demonstrated effects.

4. Sustainability of effects.

These four standards form a yardstick for determination of whether a treatment or practice should be considered evidence-based. Specific lists of evidence-based programs already exist, and those that apply the highest methodological standards should be used as sources for programming suggestions. The term "evidence-based" also implies that programs or tactics that have been shown to be ineffective or harmful using the same standards for research are to be avoided.

What Works Projects

Under the leadership of Secretary Anthony J. Schembri, the *What Works* Initiative has become a Department-wide priority. The strategy is based upon evidence-based risks, needs and treatment that are applicable in every branch from prevention through aftercare. The critical nature of quality implementation implies the involvement of staff development, contract monitors and Quality Assurance. In addition, the strategy will be applied in the development of new RFPs and contracts.

Major projects involving the introduction of evidence-based treatments and the DJJ *What Works* Strategy include:

- Procurement and validation of a new risk/needs assessment to be used in a comprehensive case management system.

- Evidence-based treatments such as Multi-Systemic Therapy, Functional Family Therapy, Muti-Dimensional Treatment Foster Care, Aggression Replacement Training and Moral Reconation Therapy in community-based treatment.

- Use of the Colorado Blueprints as treatment models for grants in Prevention.

- The *What Works* Initiative Residential Pilot Project. Expanding to 15 programs, the WWIRPP will introduce evidence-based treatments and practices into existing programs, and evaluate their effectiveness.

- The Faith- and Community-Based Delinquency Treatment Initiative. Five programs featuring evidence-based treatment with mentoring and family strengthening provided by community and faith-based organizations.❖

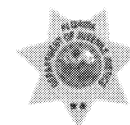Lists of evidence-based programs and cost/benefit analyses can be found on the Web at the following URLs:

http://www.colorado.edu/cspv/blueprints/index.html

http://www.surgeongeneral.gov/library/youthviolence/default.htm

http://www.wsipp.wa.gov/

REDIRECTIONS

QUARTERLY UPDATE REPORT
as of September 2005

PROGRAM STATISTICS

NOTE: All selected circuits are historically in the top 10 for commitment of non-law violators.

PROVIDERS	CIRCUIT ( ) = circuit #	SUCCESSFUL DISCHARGE	UNSUCCESSFUL DISCHARGE	ADMIN DISCHARGE	IN TREATMENT (as of Sept. 30)	TOTAL TREATED	TREATMENT TYPE
White Foundation	Pensacola (1)	13	7	2	14	34	MST
Children's Psychiatric Center	Miami (11)	30	14	7	35	79	FFT
Henderson Mental Health Clinic	Fort Lauderdale (17)	15	3	2	18	36	MST
Camelot Community Care	Fort Lauderdale (17)	13	3	4	19	35	FFT
The Starting Place	Fort Lauderdale (17)	19	9	6	6	34	FFT
TOTALS		90	36	21	92	218	MST/FFT

- Since the inception of the **Redirections Project** in October 2004 a total of 218 youth have entered the program
- As of September 30, the **Redirections Project** was operating at 85% capacity with 92 youth in treatment and **16** openings
- 90 youth have successfully completed the **Redirections Project**, 23 were unsuccessful, and 21 were administratively discharged (Judge intervention disallowed treatment through **Redirection Project**)
- Risk to recidivate levels for youth entering treatment since 4/1/2005 are:
    - High risk - 32%
    - Moderate - 46%
    - Low risk - 22%
- Successful completion of the therapy rate is currently **71%** (Contract target is 70%)
- **89%** of youth have not had a new law violation while in treatment (Contract target is 75%)
- Average length of treatment for successful discharge is 116 days
- Youth reassessment data for improved criminogenic factors was **82%** (Contract target is 70%)
- Initial recidivism data of youth with no new law violations will be available March 2006 (Contract target is 60%)

DEMOGRAPHICS

GENDER	RACE
Male = 70%	African American = 69.6%
	Hispanic = 13.9%
Female = 30%	White = 16.5%

- Age range upon entering **Redirections Project** is 12-18 years old
- 27 youth referred to **Redirections Project** while on "conditional release status" already had a commitment sentence that was deemed not to assist with the offending behavior

COST DIVERSION

The 90 youth diverted from commitment and successfully completing treatment translates to a $2,561,220 reduction ($28,458 average difference of a commitment vs. MST/FFT service).

PROVIDER ORGANIZATIONS

Children's Psychiatric Center
15490 NW 7th Avenue
Miami, Florida 33169
(305) 685-0381
www.fostercaremiami.org
Contact: Dr. Juan Carlos Gonzalez
      Clinical Director

The Starting Place
351 North State Road 7
Plantation, Florida 33317
(954) 925-2225
www.startingplace.org
Contact: Mark Casale
      Associate Executive Director

The Henry & Rila White Foundation Inc.
4400 Bayou Building, Suite 16-C
Pensacola, Florida 32503
(850) 475-5559
www.hrwhite.org
Contact: Mary Holloman
      Program Director

Camelot Community Care Division
Providence Service Corporation
1925 S. Perimeter Road
Ft. Lauderdale, Florida 33309
(954) 958-0988
www.provcorp.com
Contact: Michele Disorbo
      Executive Director

Henderson Mental Health Clinic
Youth & Family Services
4720 North State Road
Ft. Lauderdale, Florida 33319
(954) 731-5100
www.hendersonmhc.org
Contact: Lisa Magrino
      Director

evidence-based associates